

HOUSE CALL

intercommunity hospital

— INSIDE —
Intercommunity's 1979
Annual Report

Vol. 4 No. 1

Intercommunity Hospital

Spring, 1980



The pace picked up on Unit 400 as Intercommunity's new wing swung into full service in 1980. Erma Bradley, RN, (left) and head nurse Jeanne Scott prepare Robert Shank for discharge from the Med-Surg unit. In the new Pediatrics unit (right) three-year-old Karen Wilkinson tried a chorus of "Pat-A-Cake" with Pediatric Nurse Shirley Wilborn while waiting for dinner to arrive.

UPDATE: New wing opened for 1980

Lawrence Mendoza barely waited for the crowd to clear on December 15, 1979. The three-week-old son of Mary and Albert Mendoza was admitted to the hospital's sparkling new children's unit for abdominal surgery less than two hours after the opening ceremonies for Intercommunity's 13,000-square-foot 32-bed wing were completed.

The addition of Unit 400 increased Intercommunity's medical-surgical bed count from 64 to 82 and

added a new six-bed pediatric unit to replace a too-small four-bed unit.

Since opening day the Pediatric staff has cared for an average of 4.35 youngsters in the pediatric portion of the wing. The fraction over four is perhaps most significant since the hospital's old unit held only four beds. Because it was often overcrowded, children were frequently placed in adult units for care.

The 26-bed medical-surgical

portion of the new wing was opened to patients late in December and gradually continues to fill as Intercommunity's census increases in the first quarter of 1980.

In February this year its staff cared for a record average of 74.6 inpatients per day. Medical-surgical census averaged 60 patients a day -- a number which last year would have frequently resulted in the transfer of ICH patients to other hospitals.

City Councilman Huber takes on a new Council at ICH

Fairfield City Councilman Ben Huber likes to quote a bumper sticker that says, "If you like the U.S. Post Office, you're gonna' love nationalized oil."

"If you can't stand the thought of the government doing something for you, then you'd better get in there and do it for yourself," is Huber's own motto. He suggests that ordinary people who want to see good local hospital care available should get involved to make Intercommunity responsive to their needs.

That is why the Explosive Technology executive vice president recently accepted the challenging volunteer job of chairperson for the hospital's new Development Council.

The Council will be a highly visible and active group of volunteers from all the communities served by ICH, said Huber. It's demanding job will be to help raise funds, to review the hospital's public relations and communications programs and to act as a community sounding board on hospital issues that affect those communities.

"You can't say I know a swell guy who practices orthopedic surgery in LA."

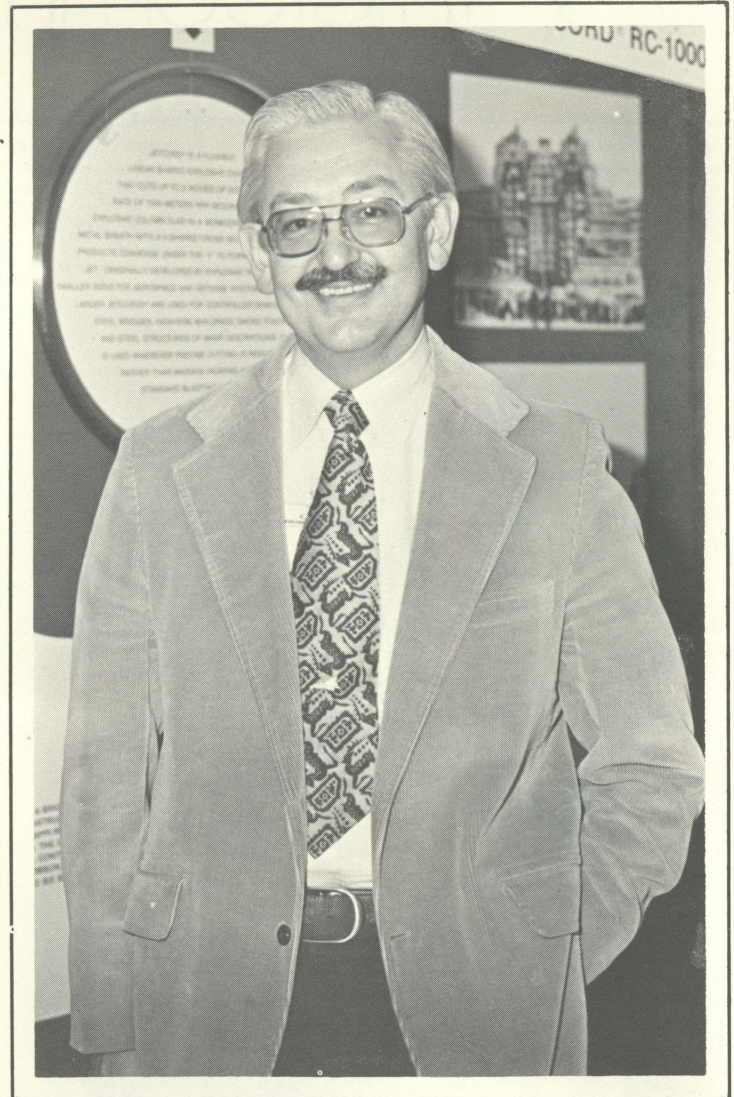
"We have to get to know our communities better, and make sure people in those communities know us. They have to be involved in seeing that ICH provides the very best health care possible."

"Why should I give a donation to the hospital? Hospital costs are too high already," is what some people say, Huber suggests.

"I remind them that a prime reason hospital costs are high is that the government doesn't pay the full bill for those Medi-Cal and Medicare patients it sponsors. I remind them that our bills are high, because we have to pay that short-fall."

"Some people say, too, they don't go to a local hospital for care. They go out of town someplace. But,

Get involved if you want good local health care, is Ben Huber's message as head of the Development Council.



I tell them, if you get hit by a car crossing the street in front of your house, the ambulance is going to bring you here. You can't say, 'I know a swell guy who practices orthopedic surgery in LA.'"

"We all have to get involved in making sure this Emergency Department is the best there is. We have to think of this as our hospital, and we have to support it to make sure it's the best."

As chairperson, Huber will work with ICH Development Program Coordinator Marilyn Harris in recruiting members of the Development Council.

A founder and Executive Vice President of Explosive Technology in Fairfield, Huber has served as

a Fairfield City Councilman since 1976 and has been Vice-Mayor since 1977. He also chaired the Fairfield Planning Commission for three years of his ten year term on the commission.

His community commitments have led him at various times to take on the directorships in the Fairfield Chamber of Commerce, the Napa-Solano United Way, the Trade Club and the Fairfield Red Cross. He has served as Chairman of the Board of Trustees of the Community United Methodist Church since 1974.

He holds a B.S. degree in Mining Engineering from the Montana School of Mines and a degree in Engineering from Stanford University.

THEIR DONATIONS DOUBLED

These contributors to Intercommunity's Development Program found that their donations had been matched by a pledge of \$25,000 from the Anheuser-Busch Foundation.

MEMORIAL GIFTS

In Memory of / Gift of

MARGIE SUNDSTROM

Intercommunity Hospital Guild

CATHERINE HECK

Mrs. Doris Gagne

JOHN G. RODRIGUES

Mr. and Mrs. Albert Kincaid
Julian and Mary Rodrigues
Ned Pretel
S.P.R.S.I.
Ruth Moore

JOE SALVATO, JR.

Beulah M. Lengquist

CRESSY BATES

Janice M. Larsen

RAY BENSON, JR.

Richard and Marilyn Harris

COKE HAMPTON ROGERS

Howard and Mary Roberts-Mortenson

WILLIAM D. GREEN

Dr. and Mrs. Robert L. Garrett
Mr. and Mrs. John W. Lambrecht
Mrs. A. R. Luchsinger
Les and Lulu Fisk
Mrs. Maude G. Fisk

STEPHEN RYDER

Dana Ryder

JIM DALKAS

Mrs. Frances Dalkas

EUGENE AND MAYLENE MILLER

Employees of Intercommunity Hospital

DUANE PARKS

Robert and Dodie Brouse
Richard and Marilyn Harris

ELAINE ZAKARECKIS AND WILLIAM MELVIN

Ed and Marilyn Zakareckis

ROBERT STEPHENSON

Jack and Lee Morgan

MAYME DARBY WRIGHT

Howard and Mary Roberts-Mortenson

NEW PLEDGES

James Oakley
Mr. and Mrs. Bud Conyers
Mr. and Mrs. Gary Falati
Mr. and Mrs. Max Rossi
Mr. and Mrs. Fred Tomasini
Dr. and Mrs. Richard Griffin
John H. Rainey
Rosemary Rivers
C. M. Allen
Allen Rentals

Mr. and Mrs. Leonard Hartnett
Mr. and Mrs. John Lambrecht
Vincent D. May
Mr. and Mrs. Raymond Simonds
Dorothea Heimann
Rudy C. Werner
Mr. and Mrs. F. O. Wadleigh

Dr. Robert M. Blankenship
Nora Hill Evans
Mr. and Mrs. Walter Meitrott
Donald J. French
Mr. and Mrs. Tommy T. Powers, Sr.
Mr. and Mrs. George Wilcox
John W. Seaver
Mr. and Mrs. Benton N. Corley
Ethel L. Lindquist
Mr. and Mrs. Koji Asahara

Mr. and Mrs. Albert J. Brosco
Mr. and Mrs. Manuel Escano
Mr. and Mrs. Leonard Hill
Rudolph K. Ho
Title Insurance and Trust
Mr. and Mrs. Walter Brehme
Dr. and Mrs. R. G. Kuehnert
Jessie A. Rayn
Ralph Ricketts
G. E. Stein, M.D. and Jana C. Boyce, M.D.

Chris Yee
Donald Yee
George Yee
Mr. and Mrs. H. Glenn Richardson
Mr. and Mrs. Donald Moriel
Mr. and Mrs. Stephen Carbonaro
Mr. and Mrs. Charles Cross
Ed Corcoran
Fred Foon
Mr. and Mrs. Donald Glover

Mr. and Mrs. G. Y. Uchishiba
Mr. and Mrs. Francis X. Wendling
Mrs. Frank Buck
Clare Anderson
Mr. and Mrs. Howard Burton
Dr. Angelo Capozzi
Mr. and Mrs. David Lucchesi
Mr. and Mrs. Joseph Shilts
Miles C. Ullman
Dr. and Mrs. Donald Acker

Dr. Richard Lucas
Mr. and Mrs. Charles Barnes
Mr. and Mrs. James Belda III
Mr. and Mrs. William Brockett
Christensen and Boler
Mr. and Mrs. Gary W. Cooper
Mr. and Mrs. Howard DeSplinter
Mr. and Mrs. John P. Hindman
Mr. and Mrs. Andrew Morillas
Mr. and Mrs. Lewis Pierce III

Solano Ranch Company
Bertha H. Strauman
Mr. and Mrs. Allan R. Witt
Mr. and Mrs. Bruce Moore
Fairfield Rental Service, Inc.
Frank Inn
Mr. and Mrs. Tsutomu Okahara
The Kiwanis Club of Vacaville

Lewis Mangels
Nell and Jesse Warrick
L. A. Burks
Leah Pore
Dr. and Mrs. James Warner

Bobbie Dickerson
Alcoholics Anonymous
Mr. and Mrs. Willard Butler
Mr. and Mrs. Wendell A. Chase
Mr. and Mrs. Guido E. Colla
Edith M. Evans
Mr. and Mrs. Harold Hagemann
Frances Okubo
Mr. and Mrs. James Panepinto
Dr. and Mrs. Allen R. Wright

Mr. and Mrs. Darwin A. Carlson
Mr. and Mrs. Manuel Castro
Mr. and Mrs. James S. Fujii
Hurdman and Cranstoun
H. K. Hofmann Foundation
Alpha Beta Company
Carl Ebert
Roberta King
Virgie Richardson
John Samples

Ila Mineer
Marilynn Harris
Mr. and Mrs. Lory Cravea
Paul Laufenberg
Mr. and Mrs. D. R. Bertholdi
Vacaville Sanitary Service
Childrens Medical Group
Fred Mazerolle
Jo Simpson
Betty J. Lynch

Solano County Bank
Lucky Stores, Inc.
Dr. James D. Prigmore
Elfriede Andelfinger
Leah Fr
Betty J. Perkins
Vacaville Lions Club
Mr. and Mrs. Albert S. Porter

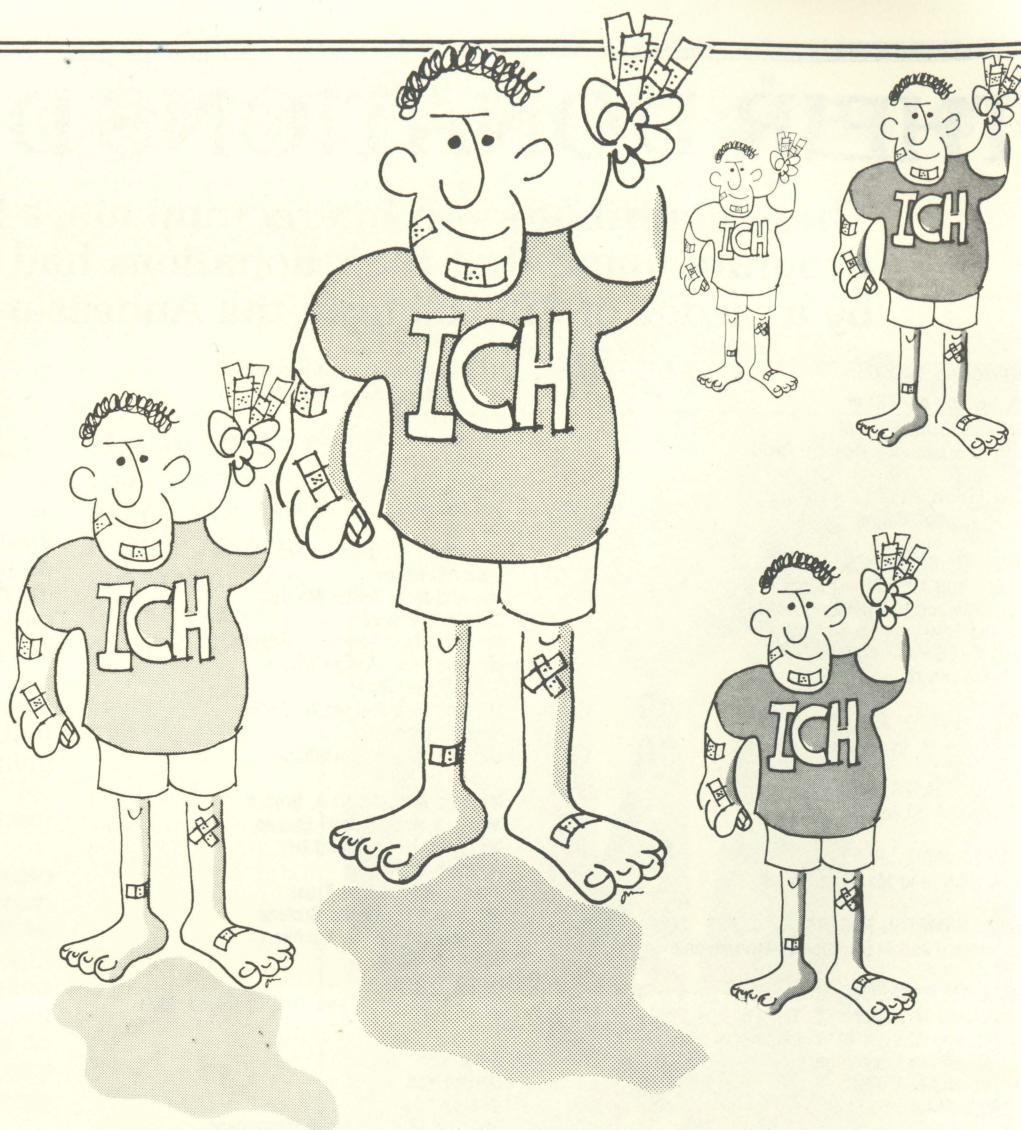
NEW FOUNDATION MEMBERS

Robert Lonjin
Nancy Jo Tubbs
Mrs. Frank Buck
Janice M. Larsen
Ralph E. Ricketts

Dr. G. E. Stein
Mr. and Mrs. Charles Cross
Lewis Mangels
G. Y. Uchishiba
Dr. Angelo Capozzi

Dana Ryder
Dorothy Scherer
Bobbie Dickerson
Paul Laufenberg
Lory Cravea

HOW MUCH IS A LOT?



It takes a lot to run a hospital. After all, we're part hotel, restaurant, repair shop, cleaning service, pharmacy, accounting firm, switchboard, home away from home, a place of healing and more.

We consume supplies, pay bills, utilize energy and provide services. A lot.

But how much is a lot? Let's look at some statistics.

Remember that cup of steaming coffee at breakfast? Dietary brewed 27,000 of them last year with 4,200 pounds of coffee grounds.

The staff prepared, served and tidied up after 2,080 meals a week, a total of 108,000 for the year.

And what went into the ICH grocery basket? We bought 10,000 pounds of beef, 5,100 pounds of poultry, 2,652 dozen eggs, 7,000 gallons of milk and 4,700 loaves of bread.

At the end of the year our food bill came to \$129,149.

If you hate to make the beds at home, consider having 108 of them to do every day. Environmental Services staff changed 66,250 sheets last year. They put 42,000 pillowcases on pillows... then took them off. A total of 75,000 towels and 47,500 patient gowns hit the laundry hamper too.

Then we had to pay the utility bill. PG&E's was \$96,860 for the year. Add \$28,512 for telephone costs. We employed about 400 people with an annual payroll of \$4.8 million too.

Just a glimpse into the purchasing and stores areas of the hospital shows us that the surgeons went through 23,250 pairs of gloves and 5,849 surgical blades. A mile of sutures closed the incisions and 1,395 feet of adhesive tape secured the bandages. Oh, and the staff used 64,000 disposable hypodermic syringes. That hurts! On the other end of things, we changed

32,688 diapers and used 2,567 bed pans.

What else were those employees doing? Well, in the Laboratory, the staff completed 304,396 procedures, in Radiology they completed 20,526, and in Respiratory Therapy, procedures totalled 28,823.

Surgery crews were busy. (They had to use all those gloves, remember?) They spent 181,350 minutes or 3,023 hours, under the Operating Room lights. That's the equivalent of 126 days of non-stop surgery.

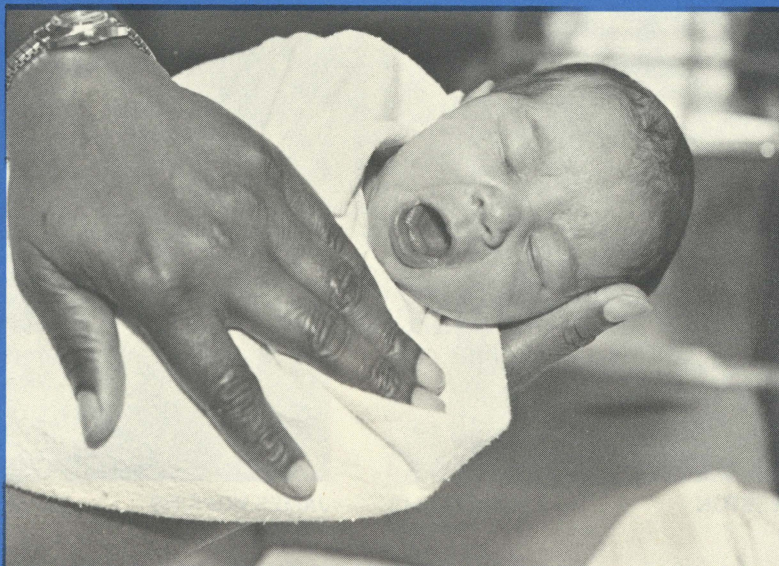
Meanwhile, employees were students too. They put in 5,597 hours of training in the hospital to keep up to date on medical information and skills.

Intercommunity is a miniature city that provides day and night life support for its patients, from the simple cup of coffee to the most complex surgery.

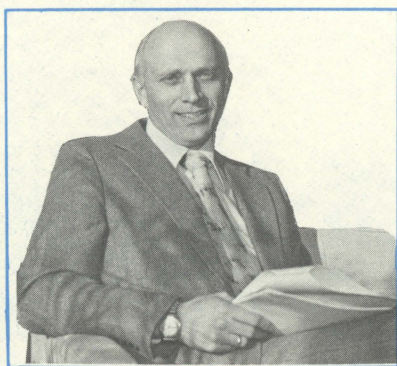
How much is a lot?

A lot is how much of everything it takes to run a hospital.

Intercommunity
Hospital
1979
Annual Report



Board Room Report



B. GALE WILSON
President

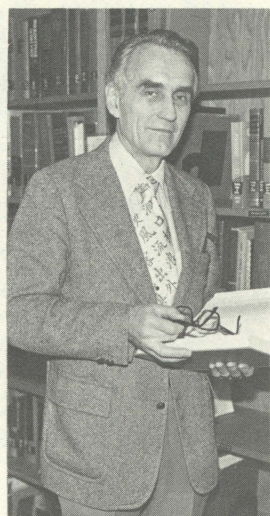
This was a dynamic year. Stressful. Rich with innovation and change. We began with a new administrator, a 32-bed nursing wing under construction and with a crisp new two-year accreditation in our hands.

Administrator Terry Pitts came on board in January and soon found himself facing the task of recruiting an assistant administrator, a director of nursing and a controller to head the finance section. With new leadership at the helm, the hospital faced some on-going concerns and fresh challenges.

We continued to fight inflation in an effort to keep hospital costs from rising as quickly as they have in recent years. We considered this effort a successful one. The Board increased Intercommunity Hospital room rates only once during 1979, a total of 7 percent. Meanwhile, the room rate component of the Consumer Price Index increased 11.1 percent, and the CPI showed a 13.3 percent rate of increase for all economic factors for the year.

A slow conversion to a computerized data processing system in 1978 created an on-going problem that hospital finance staff worked diligently to correct in 1979. Patient billing had slipped behind during the conversion, and temporary borrowing was arranged to compensate for the slowdown in revenue. A concentrated staff effort brought patient billing up to date by the third quarter of the year.

With the use of eight beds licensed by the state on an interim basis, ICH stretched to accommodate the growing numbers of patients seeking



WILLIAM PENISTON, M.D.
Member



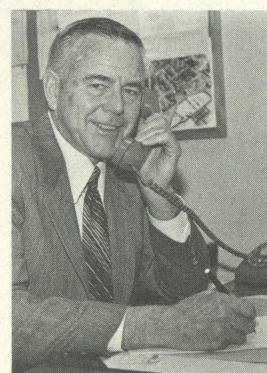
GEORGE WESTON
Member



MARTHA ORR
Secretary



JAMES HOPKINS
Treasurer



GEORGE TOMASINI
Vice President

services in Upper Solano County. We cared for 4.3 percent more inpatients than in 1978. A total of 22,580 persons came to the Emergency Department for care, an increase of 3.9 percent.

We opened the doors of our new 32-bed wing in December with a celebration in recognition of the tremendous community support for the project. The wing incorporates a 28-bed medical-surgical unit and a six-bed unit for children, including those who require intensive care.

To better plan for future health care needs of Upper Solano County, the Board of Directors expanded its Long Range Planning Committee during 1979 to include representatives from the public and private sectors of the community.

The Board also worked to improve its communication with the hospital's Medical Staff, and members of both groups and administration, formulated a Joint Conference Committee as a forum for problem solving. This effort opened a new era of coordinated, cooperative efforts within the hospital.

We know that many of the issues we will face in the future will be strongly affected by government's growing intervention in the area of health care. We see more restrictive planning regulations in our future. We see more threats by government to reduce reimbursements for Medicare and Medi-Cal when payments are already at dangerously low levels.

We see brilliant innovations in medical technology, innovations that may keep more premature babies alive, sustain life for the elderly

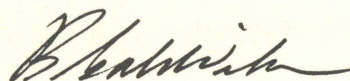
and revitalize those victims of accidents and disease who would have died just a decade ago for lack of medical know-how.

Because many of these life saving innovations carry expensive price tags, we will be faced more and more often with a familiar dilemma. Can we as a society afford to pay for all of the health care that we have come to expect? Can we pay the price for every consumer? If we cannot, who will be denied treatment? Who will make these decisions?

Concerns such as these make the job of the Board and its newly expanded Long Range Planning Committee an even more crucial one. In order to continue to improve and develop services, we will need to stay abreast of burgeoning government regulations and restraints, closely study the specific medical needs of the communities we serve and hold cost containment priorities firmly in mind. Providing essential health care services in the future will be a tremendously challenging job.

In full acknowledgement of our responsibilities to the citizens of the communities we serve, we must, and we will, accept this challenge for the decade of the 80's.

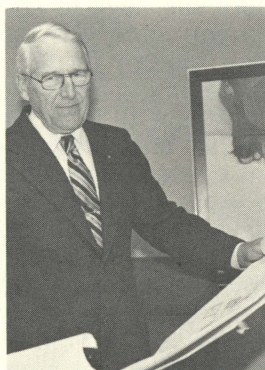
Sincerely,



B. Gale Wilson
Chairman, Board of Directors



JOHN PARKINSON, M.D.
Member



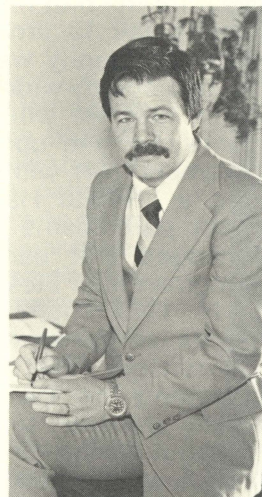
RUDY WERNER
Member



CHUC QUINN
Member



RON DU PRATT
Member



HAROLD HELBOCK, M.D.
Member

FINANCIAL REPORT INTERCOMMUNITY HOSPITAL

BALANCE SHEET

As of December 31, 1979 and 1978

RESOURCES AT HOSPITAL DISPOSAL	1979	1978
Cash.....	\$ 422,616	\$ 225,414
Amount expected to be paid by patients, their payors and others for service rendered	2,417,235	2,969,947
Supplies and services paid for this year, to be utilized later.....	206,846	226,248
Total of these resources.....	3,046,697	3,421,609
Land, buildings and improvements	7,531,099	5,517,645
Hospital equipment	4,823,236	4,494,689
Total of these resources.....	12,354,335	10,012,334
Less the estimated value of these resources already utilized in operations	2,184,803	1,582,784
Net value of these resources based on cost	10,169,532	8,429,550
Bond proceeds from restricted fund.....	2,663,325	4,266,385
Other assets to be consumed in future	987,449	1,018,026
Total hospital resources.....	\$ 16,867,003	\$ 17,135,570
HOSPITAL'S OBLIGATIONS TO OTHERS		
Short term note.....	\$ 371,597	\$ 799,005
Outside suppliers for goods and services	1,615,955	1,848,334
Employees and physicians for services.....	273,323	339,787
Lenders who made long-term loans	11,747,413	12,117,225
Total hospital obligations.....	14,008,288	15,104,351
RESOURCES OWNED BY HOSPITAL		
Total resources owned.....	2,858,715	2,031,219
Therefore, total resources equal what is owed to others, and what is owned by the hospital.....	\$16,867,003	\$17,135,570

STATEMENT OF REVENUE AND EXPENSES

For the years ended December 31, 1979 and 1978

REVENUE

1979

1978

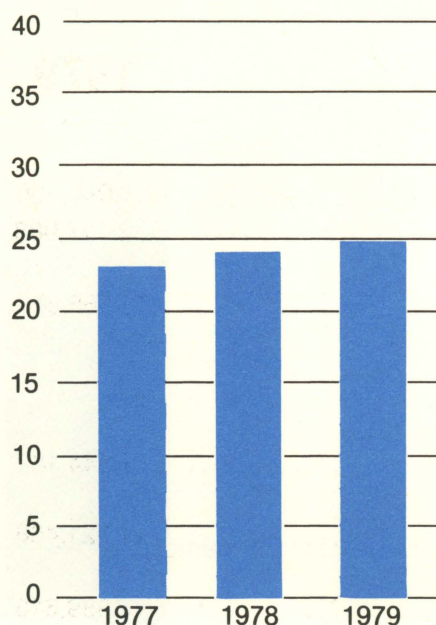
Charges for services rendered to patients:		
Care and services for inpatients	\$11,047,660	\$ 9,506,984
Care and services for outpatients	2,717,988	2,297,411
Total charges for care and services to all patients	13,765,648	11,804,395
Some of the charges will not be collected because government programs will pay only a portion of the hospital charges and because some patients are unable to pay for their service. Those uncollectible charges amount to	\$ 1,844,182	\$ 1,736,722
Therefore, the hospital received or expected to receive the net amount of	11,921,466	10,067,673
The hospital received from other sources, including contributions and earnings on investments	389,616	369,887
Therefore, the net revenue received is	12,311,082	10,437,560

EXPENSES

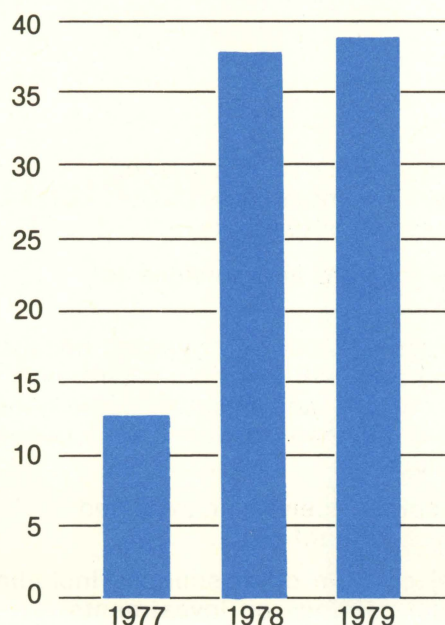
Salaries, employee benefits, and the services of physicians amounted to	\$ 6,637,901	\$ 5,774,754
The cost of supplies, drugs, and rentals amounted to	3,007,570	2,672,976
Food and dietary supply requirements totaled	181,593	151,857
Maintaining the hospital and meeting requirements for phone service and other utilities cost	199,778	202,663
Insurance, taxes and interest on borrowed money cost the hospital	974,806	914,443
The estimated cost for this year's use of building and equipment purchased in other years amounts to	515,938	457,672
Therefore, the total hospital cost for this year is	11,517,586	10,174,365
Because expenses were below the net amount collected from patients and others to improve patient care, this amount remained to reinvest in building and equipment	793,496	263,195
Therefore, expense and reinvestment income equaled the net revenue received	\$12,311,082	\$10,437,560

Comparative Statistics

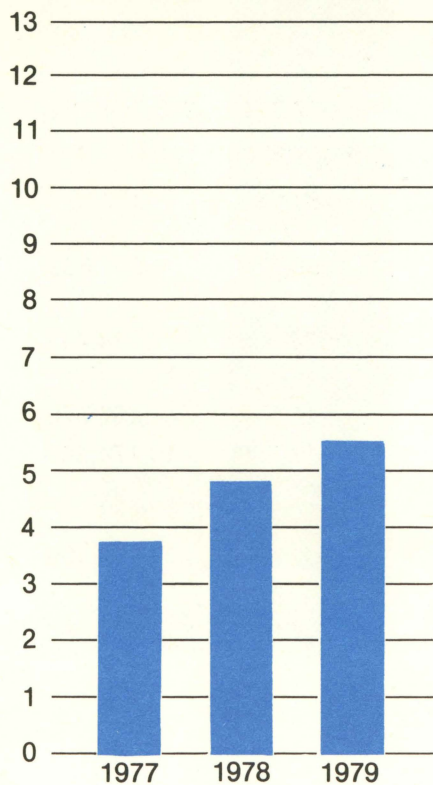
Inpatient Days
in thousands of visits



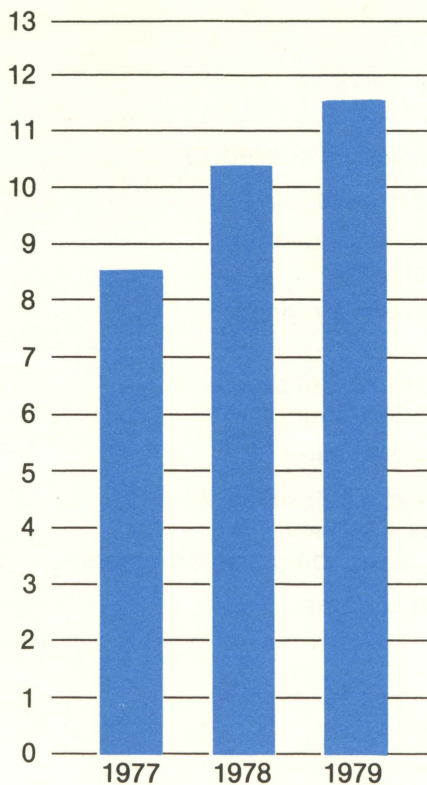
Outpatient Visits
in thousands of visits



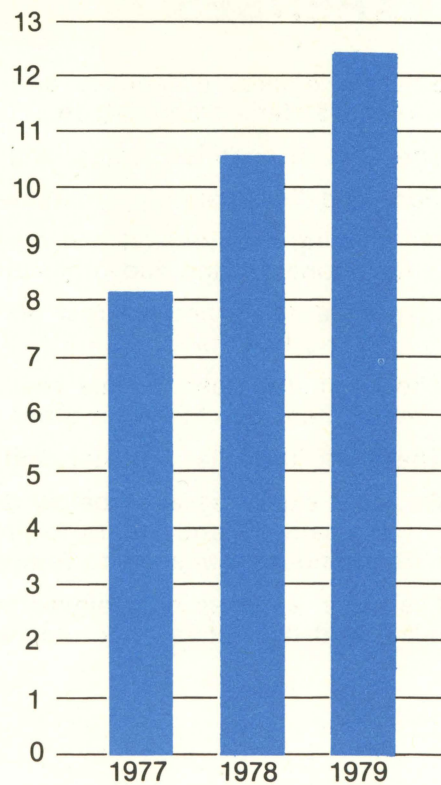
Salaries, Wages, Benefits
in millions of dollars



Operating Expenses
in millions of dollars



Operating Revenue
in millions of dollars



The Intercommunity Guild Report



BARBARA WALTERS
1979 Guild President

On January 19, 1980 the Hospital Guild presented a \$30,000 check to the Hospital Foundation Board. In five years we have paid \$105,000 on our building fund pledge of \$200,000.

The fund raising events of 1979 included our Guild Ball, "Paradise Hawaiian", held on May 12 which netted \$875. The second Guild-sponsored Art Auction was October 12 and proved another success, earning \$1,460. The two businesses the Guild operated with a professional spirit earned healthy profits: \$10,750 for the Thrift Shop and \$17,000 for the Guilded Cage.

The third edition cookbook, "The Guild Cooks", the Postalettes, the baby photos and the Memorial Fund are all on-going fund raisers. The King Tut Tour and the December luncheon were two more money-raisers enjoyed by Guild members and their guests.

Our membership grew by 46 volunteers in 1979, and stands at 220. These volunteers gave 26,832 hours in work with patients, hospital staff, thrift and gift shops and on special projects.

Our 53 Junior Volunteers contributed an additional 4,300 hours. Many of these young people gave their time in order to learn about careers available in the hospital field.

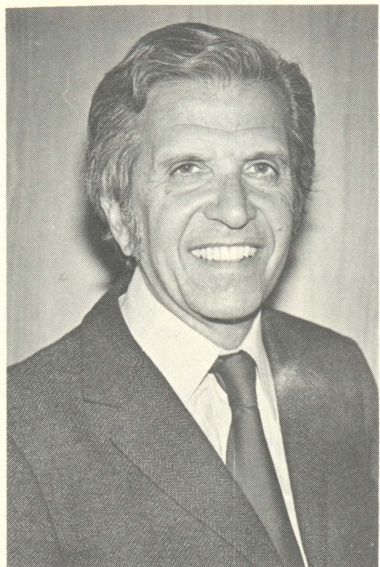
Guild volunteers assisted the Irwin Memorial Blood Bank in receiving 1,182 units of blood donated at four drawings held in Fairfield in 1979.

Our twenty-second year's theme was "Learning" and we feel we did learn as we worked to get along with so many different personalities and sought to solve our problems diplomatically.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Walters". The signature is written in dark ink on a light background.

Barbara Walters
Guild President, 1979



JOSE CHICARINO-NETTO, M.D.
Chief of Staff

For the Medical Staff, 1979 was a year of intense committee work. Nearly 1,960 physician-hours went into a total of 170 committee meetings.

The Credentials and By Laws Committee chaired by Ronald Rushford, M.D., was most active and met 19 times in a massive effort to update and revise the by laws of the 112-member Medical Staff. During the revision process, which started in 1978, the document was condensed from 200 pages to 65 pages. In the upcoming year, other physician committees will review the proposed by laws and prepare them for final adoption by the entire Medical Staff.

The revival of another committee helped to promote a meeting of minds between the Medical Staff and the hospital's 11-member Board of Directors. Board President B. Gale Wilson chaired this Joint Conference Committee made up of the officers of the Medical Staff, three representatives of the Board, and the Administrator. Meeting on an as-needed basis, the group worked to solve specific problems and to make the Board, the Medical Staff, and Administration more aware of each other's roles and responsibilities in the hospital.

Peer review, the observation of a physician's medical performance by other physicians in the same specialty, was stepped up at Intercommunity Hospital in 1979. According to state law, peer review must be held on any case involving a complication or death. ICH physicians also review cases of interest which may increase the doctors' medical knowledge in particular areas. Such meetings help guarantee a high quality of medical care for patients.

Members of Surgery, Medical, Family Practice and Obstetrics/Gynecology Committees held 21 peer review meetings in 1978 and 39 meetings in 1979, an increase of 85 percent. The Emer-

Medical Staff Report

gency Department, which previously held its meetings outside the hospital's auspices, conducted eight peer review sessions in 1979, bringing the hospital's overall increase in peer review meetings for the year to 123 percent.

Additionally in 1979, Intercommunity was selected as a trial hospital to undertake a new computerized quality assurance program co-sponsored by the California Medical Association and the California Hospital Association. A newly formed Risk Management Committee, chaired by Gerald Mahaffey, M.D., oversees the program. Medical Staff members and representatives from Nursing and Administration review reports of adverse events related to patient care which may originate anywhere in the hospital and may involve any phase of a patient's treatment. Adverse events involving physicians are forwarded to the appropriate Medical Staff committee for follow-up. A statistical summary of all types of incidents is then compiled for participating hospitals. This feedback helps ICH identify problem areas which require additional action.

By the end of 1979, this very active Medical Staff had also increased its membership from 99 to 112. Ten physicians left ICH, 22 joined the Medical Staff and by December 31, 1979, an additional 25 were awaiting approval of privileges.

Sincerely,

A handwritten signature in dark ink that reads "Jose Chicarino-Netto". The signature is written in a cursive style with a large, stylized "J" and "C".

Jose Chicarino-netto, M.D.
Chief of Staff

INTERCOMMUNITY HOSPITAL MEDICAL STAFF ROSTER '79

ACTIVE STAFF

- Donald W. Acker, M.D.
- Bruce K. Baldwin, M.D.
- Robert M. Blankenship, M.D.
- Jana C. Boyce, M.D.
- Edwin M. Bradley, M.D.
- Lewis T. Broschard, M.D.
- Eric E. Bugna, M.D.
- Chris R. Cammisa, M.D.
- Ralph P. Campanale, M.D.
- Kenneth B. Chew, M.D.
- Jose Chicarino-netto, M.D.
- Ingrid B. Chyba, M.D.
- Marcus Cole, M.D.
- John D. DiMichele, M.D.
- Peaslee F. DuMont, M.D.
- Allan Green, M.D.
- Percy A. George, M.D.
- James C. Heinrich, M.D.
- Harold J. Helbock, M.D.
- Richard P. Hill, M.D.
- DeLarry R. Hovde, M.D.
- Frank W. Hull, M.D.
- M. Tracy Johnson, M.D.
- James G. Konrad, M.D.
- Richard N. Lucas, M.D.
- Lawrence S. Masket, M.D.
- Gerald H. Mahaffey, M.D.
- Duncan A. McIntosh, M.D.
- James F. McMahon, M.D.
- Karl E. Molin, M.D.
- Gary L. Neal, M.D.
- William R. Neal, M.D.
- William J. Olson, M.D.
- Seturam Pandurangi, M.D.
- John E. Parkinson, M.D.
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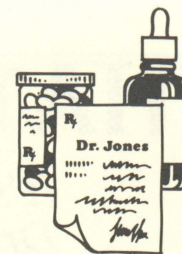
*This roster reflects the Medical
Staff on December 31, 1979*



Medicine should be practiced as a form of friendship

LIFESAVERS

How to get the most out of your prescriptions



Did you ever walk out of your doctor's office, your head swimming from a whopping case of flu, your fingers clutching a prescription for something written in hieroglyphics and pronounced like a Swahili sneeze?

When you're feeling your worst, it's hard to comprehend how many tablets and teaspoons you should take every so many hours, before, during or after meals or at bedtime. Even though your family physician and pharmacist may explain your medications, you won't remember the details at 4 a.m. when you or your three sick kids need accurate doses of aspirins, antibiotics and expectorants.

To start off on the right foot, you can arrive at the physician's office prepared to ask some questions and record vital information on prescribed medications. Use the handy chart below to simplify your questions.

Also show your physician a list of your allergies and the drugs you're taking, including over-the-counter items such as cold remedies, aspirin, antihistamines and laxatives. Persons taking several medications for chronic diseases can bring the pill bottles to the doctor's office. You can keep a copy of your family's allergies and drug sensitivities in your medicine chest or with medical insurance or immunization records so that it will be handy when

you leave for a doctor's appointment.

YOU'RE ON THE TEAM

As a patient, consider yourself a partner with your physician in your treatment. Ask questions and learn as much as possible about your illness or disease and its treatment. Once you've received your prescription, your pharmacist can give you additional advice on when and how to take your medications.

"I try to go over the directions with every customer," says John Krainert, Solano Medical Center pharmacist. "I find very few people take medications exactly the way they're supposed to. When an antibiotic is prescribed for a certain number of days, it must be taken for the full course of time. Often the patient feels much better after a few days and discontinues the antibiotic. The infection may go into remission, but come back, often worse than before and require another full course of treatment."

It may also be dangerous for people who are on maintenance medication for chronic diseases such as high blood pressure to decrease the dosage because they start feeling good. "Persons who take their medication less frequently than prescribed can develop serious problems," cautioned Krainert.

Find yourself a druggist with whom you feel comfortable. Once you've become established with a family pharmacist, he or she will learn your family's prescription history. According to Krainert, about 50 percent of all pharmacies keep detailed prescription records for customers. The records are useful for tax purposes and also alert the druggist to possibly dangerous drug combinations in your medicine chest.

Want to know if a less costly generic drug can be substituted in your case? Want to replace those ornery child-proof caps? Ask your pharmacist for advice.

WHAT'S IN A NAME?

A generic drug is often half the price of its brand-name counterpart. Aspirin is the generic nickname of the chemical acetylsalicylic acid, which is sold under numerous brandnames. The Food and Drug Administration has published a list of interchangeable drugs which are equally therapeutic. Consult your doctor or pharmacist to make sure your specific drug can be substituted for a generic one. In a few cases, it isn't advisable to substitute one product for another because of therapeutic differences in the ways the chemicals are absorbed into the bloodstream.

Start your own prescription records

R_x

Dr. Jones

Handwritten scribbles representing a signature and illegible text.

QUESTION	DRUG A	DRUG B
Name of the drug?		
Why am I taking it? What is it for?		
What are the possible side effects? Are any dangerous?		
How many days I take it?		
Are there any special instructions? Take with meals? Other drugs I shouldn't take with it? Driving restrictions?		

WHAT PRICE HEALTH?

It's a question many of us are asking. Dr. Posner, an internist and pulmonary specialist in Philadelphia, addressed the issue in Newsweek.

JOEL POSNER/MY TURN

Ten years ago, the average price of a new home was \$34,400; today the price is \$72,000. A pound of hamburger was 62 cents; today it is over \$1.50. Ten gallons of gasoline cost \$3.48 then; today they cost about \$10.

The cost of everything has gone up. Since the base-line year of 1967, automobiles have increased to 166 per cent of their previous price, food to 237 per cent, and housing to 235 per cent of what it cost in 1967.

Medical care has gone up also. The cost of medical care for each American has increased to 244 per cent of 1967 levels, whereas the cost of all consumer goods and services has gone up somewhat less to 223 per cent of 1967 levels.

But this comparison, which suggests that the cost of medical care has risen faster than other costs, is misleading. It ignores a vital and often overlooked distinction: whereas the cost increase of most goods and services since 1967 has been for products that were available but cheaper then, today's medical care is very different from that available fifteen years ago.

BILLS: In August 1963, for example, President John Kennedy's infant son Patrick died two days after birth from a lung condition known as "infant respiratory-distress syndrome." He was treated by the best we had to offer then at Boston's Children's Hospital Medical Center. The bill for his two-day care could not have been more than \$500. He could not be saved. An infant born with the syndrome today would need days or weeks of intensive care, special respirators and techniques not available in 1963; an army of specialists would spend hours a day on the child. The bill for the care of such an infant would probably be twenty or more times the bill for the Kennedy child, but the infant would probably leave the hospital alive and well.

In 1967, my friend's brother, a 42-year-old cardiologist, experienced crushing chest pains while making rounds at New York Hospital-Cornell Medical Center. Despite the best that could be done for him he was dead within 48 hours of a massive heart attack. An autopsy revealed an almost complete blockage of one of the main coronary arteries: the left anterior descending artery. His total bill was about \$350.

Three months ago, my friend, a neuro-

surgeon who is 41 years old, also experienced chest pain while at work. As his attack progressed, a cardiac catheterization and angiography (wherein a catheter is inserted into the cardiac vessel and dye is injected to make the vessels visible in X-rays for study) enabled his doctors to pinpoint an almost complete block of the left anterior descending artery, identical to his older brother's. Before damage to the tissue had occurred, surgery was performed: a small graft was used to bypass the area of blockage in the diseased artery and blood again flowed normally to cardiac muscle.

My friend's total bill was over \$13,000—

The cost of medical care has risen, but so has the quality of the care.

a more than 3,500 per cent increase over the cost of his brother's care for the same disease. Of course, my friend's brother died in his early 40s and my friend is alive and jogging 3 miles a day with every expectation of living a full, normal life.

Today's automobile is not very different from one built in 1967, the house purchased today was probably around in 1967, food and clothing have not really changed at all. In general, prices are higher today for the same goods we bought in 1967. Today's medical care is costlier than yesterday's, but it is far superior to the product of fifteen years ago.

We are not paying more today for medical care which was available for less in 1967, we are buying something which is very different and, by its nature, dearer.

FEES: Of course, things are too expensive today and we must do all we can to keep costs down. As it is, many of us doctors are trying to get our patients home sooner after major surgery and illnesses, and to use home-care services when they are available. Despite what you have been led to believe, physicians' fees have not kept pace with inflation. During the past ten years, while the price of postage increased 150 per cent and of hamburger 148 per cent, the increase in physicians' office fees was 116 per cent.

There is only so much that doctors can do to hold down medical costs. The greatest cost fighter would be a change in the habits of the American people: 60 cents of every health-care dollar goes to treat tobacco- or alcohol-related illnesses.

Unfortunately, the most popular solution offered for cutting "runaway medical costs" is increased government regulation, more central planning. This has been tried in many countries of the world and it doesn't work. A favorite example of those who think it does is Sweden, where medical care is "free." I won't dwell on the assembly-line nature of Swedish medicine; spend enough time in Sweden and you'll realize that Swedes hate the system they have but accept it because they think they are getting a service for free which bankrupts the average American.

In fact, it costs the average Swede about \$200 a year more than it costs the average American for medical care. The Swede's costs are buried in his endless taxes, ours are right up front where we can see them and complain about them.

MORTALITY RATES: The argument that Sweden's health-care system, though more expensive, is better than ours is invalid. It is true that Swedes have a longer life expectancy than we do; but for more than two decades, the annual death rate has been consistently higher in Sweden than in the United States. And in any case, these statistics are poor indicators of the quality of a medical system. Rather, they reflect such factors as the age of a population, its dietary habits, exercise practices and its public sanitation.

The question of increasing medical-care costs is an extremely complex one, and one easily used to inflame passions. We should be careful of glowing reports from overseas about the wonders of government-controlled medicine. In general, the care is not made cheaper by funneling it through a central office, only less personal. We should, above all, not be fooled by false comparisons of medical-care costs with food, housing or clothing costs. In the past, the medical services available today were not to be had at any price.

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Adopt a kid?

The Guild is at it again

When 10-year-old football player Tim Oliver came to ICH with a broken leg he faced the boring prospect of three weeks in traction. To an energetic kid confined to a hospital bed, minutes drag by like hours, and three weeks is an eternity.

New ICH Guild President Aileen Ross recognized the needs of young patients like Tim whose parents work and couldn't be with him during the day. Aileen established a Pediatric Committee which began an "Adopt a Peds Patient" program. In Tim's case, Guild member Carol Landsman adopted him during his stay and became his steady homework coach and game-playing partner.

"The volunteers can fill in where the nurses aren't able to devote so much attention to each child," said Aileen. "We can boost the long-term Peds patients' morale."

We're expanding the Guild's scope of duties," said Aileen. "As the hospital grows, greater demands are made upon the volunteers. To increase our personal attention to patients, we're taking on more responsibilities and moving into areas that require more training."

The Guild is continuing an Emergency Room support program started by past President Barbara Walters. The volunteers will be trained to assist ER patients and their families in the Emergency Services waiting area.

Ongoing Guild projects include two thriving businesses, the Guild-ed Cage and Thrift Shop, which together netted most of the Guild's \$30,000 donation to the ICH Development Program last year. The volunteers work year 'round on fund raisers such as the art auction and annual ball.

This year in keeping with Aileen's theme of "Sisterhood and Human Dignity" the Guild is devoting time after monthly business meetings for social activities and educational programs. "We have 220 dedicated volunteers who contribute nearly 27,000 hours annually and I'd like them to get to know each other better," Aileen said.

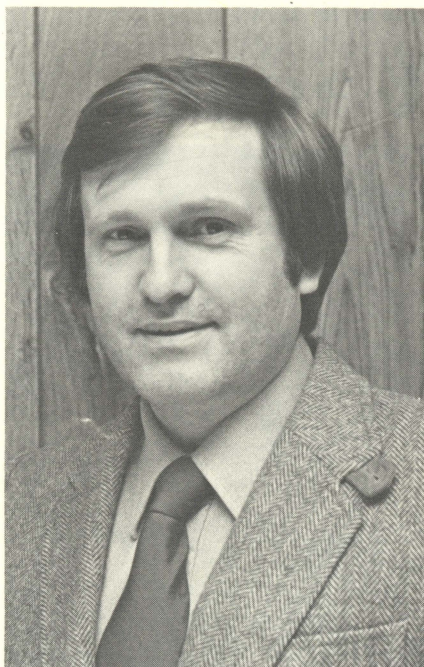


Guild volunteer Carol Landsman "adopted" 10-year-old Tim Oliver during his three weeks in traction following a football injury. They squared-off as friendly rivals in games of "Aggravation" and worked together to keep him up-to-date on schoolwork.



Aileen Ross, new Guild president, (right) chose "Sisterhood and Human Dignity" as her theme for 1980.

What's new and who's new



DR. JORDON USUNOV

Ophthalmologist Jordan Usunov escaped from his native Bulgaria and hiked through Yugoslavia and Austria, crossing six guarded borders to gain freedom to pursue his dream of becoming a doctor.

"I left Bulgaria with two companions. My friends were caught, but I made it to Germany, Dr. Usunov shrugged. "In Bulgaria I had no chance to go to medical school. It is a Communist country and my family is Eastern Orthodox." His father is an internist and an aunt is a pulmonary specialist, but under the present system of government, explained Dr. Usunov, "My religion would have kept me from entering a university."

In Germany he was offered political asylum and a university



Pediatric Nurse Jan Kupitz and young Kevin Maginnis were reunited during the December dedication of the ICH's 32-bed hospital wing. Kevin was the first pediatric patient admitted to the former four-bed Pediatric Unit and cover-baby for the 1978 ICH annual report. Kevin romped through the new roomy six-bed peds unit and got reacquainted with Jan, who expects to be tending her own first baby around May 1.



scholarship, but he opted to immigrate to the U.S.A. His determination to come to America was influenced by his grandfather, a theology professor, who had attended college in the States during the 1920's. Usunov waited nine months in a refugee camp until he was granted political asylum in the States and given an airline ticket. He arrived in New York City unable to speak English and with only one tenuous connection, "I vaguely knew a family in Indiana and they helped me begin studying at the University of Indiana."

His college roommates tutored him in the "American Way" and he found the educational system far easier than that of Bulgaria. "Here

you have smaller classes and teaching assistants and the professors are willing to help the students. In Bulgaria you might have 1,000 students in one class and you could never approach the professor."

Following his graduation from the University of Indiana and Indiana Medical School, he enlisted in the U.S. Public Health Service for internship in Savannah, Georgia, and New Orleans, Louisiana. Then he spent a year in general practice in Crown Point, Indiana, and found ophthalmology preferable. He studied diseases of the eye and surgery for three years at Case Western Reserve University and St. Luke's Hospital in Cleveland, Ohio.



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